

To: Clerk of Court
Clarkson S. Fisher Building
and U.S. Courthouse
402 East State Street, Room 2020
Trenton, N.J. 08608,

RECEIVED

FEB 25 2011

AT 8:30 _____ M
WILLIAM T. WALSH
CLERK

This is Mr. DAVID Lee WOMACK.
I am the plaintiff in WOMACK vs. Moleins et al.
Civil Action No. 10-2932(AET). I am writing for two reasons.
First, I need you to correct the docket record of the
above entitled action to reflect my correct name and
mailing address. you tried to send me a letter back in
June, 2010 and it got "returned to sender" because
the New Jersey State prison will not deliver your letters
to me unless you have my name & ID numbers
exactly right on your envelope. please make your
docket record reflect my name, ID numbers and
address exactly as follows:

Mr. DAVID LEE, WOMACK, #537-775, [REDACTED]
SBI, OS-01569275

New Jersey State Prison

P.O. Box 861

Trenton, New Jersey, 08625-0861

Note: the first 2 digits of the SBI above are letters: "O" and
"S", then the following eight digits are numbers: 01569275.

secondly on 6-11-2010, the Court ordered you to
provide me with a blank

PAGE, 1-OF-4,

Application to proceed In Forma pauperis; and, ordered Me to Complete said application and to send it to you, with a SIX Month prison account statement attached, within 30 days if I can't pay the \$350.00, Filing Fee straight up within 30 days. This is what's going on regarding that. I was at New Jersey state prison until, 5-18-2010, on, 5-18-2010 I was sent back to the Feds for surgery. I went to: Springfield, U.S.M.C.F.P.

P.O. Box 4000

Springfield, Mo, 65801-4000

on 1-6-11, I came back to New Jersey state prison

when I got to the Feds, I requested a copy of My inmate account for the past six months and I was told I had not been there six months yet so I had to wait "some months" to get that. So I waited "some months" and on, 12-30-2010, I put in another request for a copy of My inmate account for the past six months. But on, 1-6-11, as I said above, I was sent back here. So I was not provided with the copy of My inmate account that I requested for on, 12-30-2010. See attached copy of the request I filed on, 12-30-2010. I'm sending this notarized letter to hopefully assist you in giving Me something in writing to force this prison's administration to give Me a copy

PAGE, -2, OF -4,

of My inMate account But I have not been here For the past 7 Months So it Might be best For you to order the Springfield U.S. MC.F.P. to provide the Copy of My InMate account the Court needs. I think it would be IMpossible For Me to obtain a Copy of My in Mate account From them because I'M no longer there anyMore. you can Contact My Counselor there named "Itutchinson" or My Case Manager named "CuptCase." Another possibility is that My sister is willing to help pay the, \$350.00, Filing Fee and to work out Some type of payment plan. Is there any type of Form I can Fill out or She can Fill out to do that? IF So, please Send Me a Copy of that Form so I can send it to My Sister ASAP. IF you plan to Contact My Counselor or My Case Manager at the Springfield Medical Center you have to provide them Federal inMate #08497-007 so they know who it is your talking about. Just like when you send Me letters here you have to use My. N.J. inMate #'s. the Feds wont respond if your Correspondences are with out them. thank you For your help and time in this Matter because I Feel I am being hindered by all of the above parties in My attempts to File this

PAge, 3-of-4,

lawsuit. when you respond to this letter Can you please address it to Me as "legal Mail" so I will have to sign For it upon My receipt of your letter at this Facility. I hope to hear From you ASAP.

Sincerely,

David Lee Womack

- David Lee, Womack #537-775,

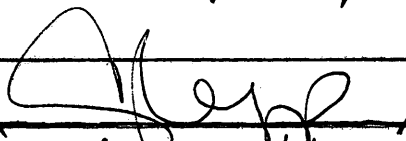
SBI #05-01569275,

New Jersey State prison

p.o. Box 861

Trenton, NJ, 08625-0861

Subscribed and sworn to before Me
ON This, 18, day of Jan., 2011.


Notary public

CRYSTAL A. RAUPP
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 10/25/2011

Commission expires

Sister, Ms. Shiree WOMACK

Home: (301) 736-9662, Cell (202) 489-9950,

W (202) 267-3403,

10616, Elizabeth parnum place

Upper Marlboro, MD, 20772, \$25.00 (Months, (\$35000

Other Orders/Judgments

3:10-cv-02932-AET -TJB WOMACK v. MOLEINS et al

U.S. District Court

District of New Jersey [LIVE]

Notice of Electronic Filing

The following transaction was entered on 6/14/2010 at 3:35 PM EDT and filed on 6/14/2010

Case Name: WOMACK v. MOLEINS et al

Case Number: 3:10-cv-02932-AET -TJB

Filer:

Document Number: 2

Docket Text:

MEMORANDUM OPINION. Signed by Judge Anne E. Thompson on 6/11/2010. (gxh)

3:10-cv-02932-AET -TJB Notice has been electronically mailed to:

3:10-cv-02932-AET -TJB Notice will not be electronically mailed to::

DAVID L. WOMACK
SBI, 1569275-537775
NEW JERSEY STATE PRISON
PO BOX 861
TRENTON, NJ 08625

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1046708974 [Date=6/14/2010] [FileNumber=4267250-0]
] [769322ec48761d76341034b00f23312fc63b946ccc940f19e4a490709067afed7c7
61de8b85651d1d6a0e0696d4aade8e583bc01alaca10c721c43240e306494]]

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

DAVID L. WOMACK,

Plaintiff,

v.

WILLIAM J. MOLEINS, et al.,

Defendants.

Civil Action No. 10-2932 (AET)

MEMORANDUM OPINION

APPEARANCES:

David L. Womack
SBI 1569275-537775
New Jersey State Prison
PO Box 861
Trenton, NJ 08625
Plaintiff pro se

THOMPSON, District Judge

Plaintiff David L. Womack, a prisoner confined at New Jersey State Prison, seeks to bring this civil action in forma pauperis, without prepayment of fees or security, asserting claims pursuant to 42 U.S.C. § 1933.

Civil actions brought in forma pauperis are governed by 28 U.S.C. § 1915. The Prison Litigation Reform Act of 1995, Pub. L. No. 104-135, 110 Stat. 1321 (April 26, 1996) (the "PLRA"), which amends 28 U.S.C. § 1915, establishes certain financial requirements for prisoners who are attempting to bring a civil action or file an appeal in forma pauperis.

Under the PLRA, a prisoner seeking to bring a civil action in forma pauperis must submit an affidavit, including a statement

of all assets, which states that the prisoner is unable to pay the fee. 28 U.S.C. § 1915(a)(1). The prisoner also must submit a certified copy of his inmate trust fund account statement(s) for the six-month period immediately preceding the filing of his complaint. 28 U.S.C. § 1915(a)(2). The prisoner must obtain this certified statement from the appropriate official of each prison at which he was or is confined. Id.

Even if the prisoner is granted in forma pauperis status, the prisoner must pay the full amount of the \$350 filing fee in installments. 28 U.S.C. § 1915(b)(1). In each month that the amount in the prisoner's account exceeds \$10.00, until the \$350.00 filing fee is paid, the agency having custody of the prisoner shall assess, deduct from the prisoner's account, and forward to the Clerk of the Court an installment payment equal to 20 % of the preceding month's income credited to the prisoner's account. 28 U.S.C. § 1915(b)(2).

Plaintiff may not have known when he submitted his complaint that he must pay the filing fee, and that even if the full filing fee, or any part of it, has been paid, the Court must dismiss the case if it finds that the action: (1) is frivolous or malicious; (2) fails to state a claim upon which relief may be granted; or (3) seeks monetary relief against a defendant who is immune from such relief. 28 U.S.C. § 1915(e)(2)(B) (in forma pauperis actions). See also 28 U.S.C. § 1915A (dismissal of actions in

which prisoner seeks redress from a governmental defendant); 42 U.S.C. § 1997e (dismissal of prisoner actions brought with respect to prison conditions). If the Court dismisses the case for any of these reasons, the PLRA does not suspend installment payments of the filing fee or permit the prisoner to get back the filing fee, or any part of it, that has already been paid.

If the prisoner has, on three or more prior occasions while incarcerated, brought in federal court an action or appeal that was dismissed on the grounds that it was frivolous or malicious, or that it failed to state a claim upon which relief may be granted, he cannot bring another action in forma pauperis unless he is in imminent danger of serious physical injury. 28 U.S.C. § 1915(g).

In this action, Plaintiff failed to submit an in forma pauperis application as required by 28 U.S.C. § 1915(a)(1), (2), including a certified account statement. Plaintiff provided no documentation whatsoever in support of an in forma pauperis application but did not pay the filing fee.

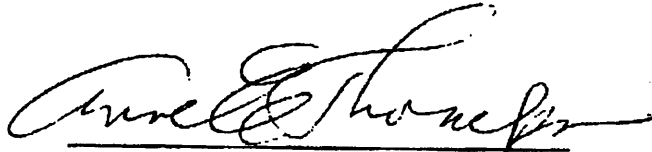
The allegations of the Complaint do not suggest that Plaintiff is in imminent danger of serious physical injury.

CONCLUSION

For the reasons set forth above, Plaintiff's Complaint will be denied without prejudice and the Clerk of the Court will be ordered to administratively terminate this action, without filing

the complaint or assessing a filing fee. Plaintiff will be granted leave to move to re-open within 30 days.¹

An appropriate Order will be entered.



Anne E. Thompson
United States District Judge

Dated:

¹ Such an administrative termination is not a "dismissal" for purposes of the statute of limitations, and if the case is reopened pursuant to the terms of the accompanying Order, it is not subject to the statute of limitations time bar if it was originally filed timely. See Houston v. Lack, 487 U.S. 266 (1988) (prisoner mailbox rule); McDowell v. Delaware State Police, 88 F.3d 188, 191 (3d Cir. 1996); see also Williams-Guice v. Board of Education, 45 F.3d 161, 163 (7th Cir. 1995).

Other Orders/Judgments

3:10-cv-02932-AET -TJB WOMACK v. MOLEINS et al

U.S. District Court

District of New Jersey [LIVE]

Notice of Electronic Filing

The following transaction was entered on 6/14/2010 at 3:43 PM EDT and filed on 6/14/2010

Case Name: WOMACK v. MOLEINS et al

Case Number: 3:10-cv-02932-AET -TJB

Filer:

WARNING: CASE CLOSED on 06/14/2010

Document Number: 3

Docket Text:

ORDER that the Clerk shall supply Pltf with a blank IFP application; administratively terminating case; that if Pltf wishes to reopen this action, he shall so notify the Court in writing within 30 days and include either a completed IFP application or the \$350 filing fee; that the Clerk shall serve a copy of this Order upon Pltf via regular mail. Signed by Judge Anne E. Thompson on 6/11/2010. (gxh)

3:10-cv-02932-AET -TJB Notice has been electronically mailed to:

3:10-cv-02932-AET -TJB Notice will not be electronically mailed to::

DAVID L. WOMACK
SBI, 1569275-537775
NEW JERSEY STATE PRISON
PO BOX 861
TRENTON, NJ 08625

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1046708974 [Date=6/14/2010] [FileNumber=4267284-0]
][841638871a349fec35cc775825ed03536c9808712584dfdf4fab8ea71b50ed9a375
f3ecde1b37bd96b33dc223a3d06f8ba73e0e496b69a78819cffcd24d4c7e6]]

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

DAVID L. WOMACK,

Plaintiff,

v.

WILLIAM J. MOLEINS, et al.,

Defendants.

Civil Action No. 10-2932 (AET)

ORDER

CLOSED

For the reasons expressed in the Opinion filed herewith,
IT IS on this 11th day of June, 2010,
ORDERED that the Clerk of the Court shall supply to
Plaintiff a blank form Application, for use by a prisoner, to
Proceed In Forma Pauperis in a Civil Rights Case; and it is
further

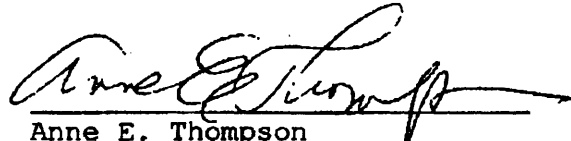
ORDERED that the Clerk of the Court shall administratively
terminate this case, without filing the Complaint or assessing a
filing fee; and it is further

ORDERED that if Plaintiff wishes to reopen this action, he
shall so notify the Court, in writing addressed to the Clerk of
the Court, Clarkson S. Fisher Building and U.S. Courthouse, 402
East State Street, Trenton, New Jersey, 08608, within 30 days of
the date of entry of this Order; Plaintiff's writing shall
include either (1) a complete in forma pauperis application,
including an affidavit of indigence and six-month prison account
statement, certified by the appropriate official of each prison
at which the prisoner is or was confined, or (2) the \$350 filing

Case 3:10-cv-02932-AET-TJB Document 3 Filed 06/14/10 Page 2 of 2

fee; and it is further

ORDERED that the Clerk of the Court shall serve a copy of
this Order upon Plaintiff by regular U.S. mail.


Anne E. Thompson
United States District Judge

THIS FORM IS FOR USE BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

DAVID Lee WOMACK
(Plaintiff in this action) **V.S.**

#1, Mr. HASAAN.DR-4B-L

#2, William J. Mcdeins

#3, Christopher Holmes

#4, JAMES DRUMM

#5, Lt. Mr. GerdeF

(Defendant(s) in this action)

Mr.

: AFFIDAVIT OF POVERTY
and ACCOUNT CERTIFICATION
(CIVIL RIGHTS)

: Civil Action No. 3:10-CV-02932-AET-TJB
(To be supplied by the Clerk of the Court)

: DNJ-Pro Se-007-A-(Rev. 09/09)

Instructions:

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350.00) in advance or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. See Local Civil R. 5.1(f). A prisoner¹ who seeks to proceed in forma pauperis must submit to the Clerk: (1) a completed affidavit of poverty; and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2). When a Judge in the District of New Jersey enters an order granting a prisoner's application to proceed in forma pauperis, pursuant to 28 U.S.C. § 1915(b), the order assesses the current filing fee against the prisoner and collects the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid, regardless of the outcome of the proceeding. See 28 U.S.C. § 1915(b).

The prisoner must complete all questions in the following affidavit, sign and date the affidavit, and then obtain the signature of the appropriate prison official who certifies the prison account statement. After the appropriate prison official certifies your prison trust fund account statement(s), you must attach the prison account statement(s) to this application, for each prison or jail wherein you were incarcerated during the previous six months. If your application to proceed in forma pauperis is incomplete, then the Court may enter an order denying your application without prejudice and administratively terminating your case without filing the complaint.

¹ The term "prisoner" means any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms and conditions of parole, probation, pretrial release, or diversionary program. See 28 U.S.C. § 1915(b).

THIS FORM IS FOR USE BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

In support of this application, I state the following under the penalty of perjury:

1. I, David Lee WOMACK (print your name), declare that I am the
☒ Plaintiff / movant ☐ Other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief.

2. The nature of my claim or the issues I intend to present on appeal are briefly stated as follows:

Cowspingy to Commit Murder
Cruegl and unuseval putistment
Negligeve on part of Aomilistratiow

3. List dates and places of confinement for the immediately preceding six months:

Dates of Confinement10-24-20055-18-2010Places of ConfinementNew Jersey state prisop. Trenton, New, JerseyMC FP. P.O. Box 4000Missouri, 65801-4000

For each institution in which you have been confined for the preceding six months, you must obtain a copy of your prison account and the signature of the appropriate prison official (see certification on p. 3).

4. Are you employed at your current institution?

☐ Yes☒ No

Do you receive any payment or money from your current institution?

☐ Yes☒ No

If Yes, state how much you receive each month: _____

5. In the past 12 months, have you received any money from any of the following sources?

- a. Business, profession, or other self-employment
b. Rent payments, interest, or dividends
c. Pensions, annuities, or life insurance payments
d. Disability or workers compensation payments
e. Gifts or inheritances
f. Any other sources

☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No☒ Yes☐ NoMoney From FamilyAmount:217.80

THIS FORM IS FOR USE BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

6. Other than your prison account, do you have cash or a checking or savings account in your name?

☐ Yes☒ No

If "Yes," state the total in the account at this time: _____

7. Do you own any other assets or property?

☐ Yes☒ No

If "Yes," please describe: _____

8.

1. DAVID LEE WOMACK [REDACTED] 537-775-SBI-05-01569275
(Print or Type Name and Number of Prisoner)

declare under penalty of perjury that the aforesaid statements made by me are true and correct. I authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$ 350.-- fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

DATE

SIGNATURE OF PRISONER

THIS PORTION OF YOUR APPLICATION SHALL NOT BE LEFT BLANK.

IF THIS PORTION IS NOT COMPLETED, YOUR APPLICATION WILL BE DENIED WITHOUT PREJUDICE

ACCOUNT CERTIFICATION SIGNED BY PRISON OFFICIAL

I, _____ (print name), certify that the attached trust fund account statement (or institutional equivalent) is a true and correct copy.

DATE

(Signature)

(Title)

To: Clerk of Court

CLERK, UNITED STATES DISTRICT COURT

402 E. STATE ST., ROOM 2020

TRENTON, NJ 08608

OFFICIAL BUSINESS

RETURN TO SENDER

Inmate Name &
Number Don't Match

RETURN TO SENDER

David L. Wornach, SBI # 1569275-537775
New Jersey State Prison
PO box 861
Trenton, NJ 08625

RECEIVED

JUN 28 2010

AT 8:30 M
WILLIAM T. WALSH
CLERK

To: Ms. Eleanor Holmes Norton
 Member of Congress
 529 14TH Street. N.W. Suite 900
 WASHINGTON. D.C. 20045-1928

1-6-11 In sum, I declare that, absent an
 emergency, involuntary transfer
 of an inmate to a penal
 institution in another state
 violates the First and Sixth
 Amendments and the Due Process
 Clause of the Fourteenth Amendment
 unless the aforementioned procedures are
 met.

DATE: 11-30-2010

To: Ms. Congress Eleanor Holmes Norton,

I am sending you these Legal Documents
 To Bring to your Attention My Case I Have yet
 to Hear From your Office I Hope to Hear
 From you soon.

SEE Attachments, #80-PAPER)

Subscribed and Sworn before Me by:

Mr. David Lee, Womack
DAVID, Lee, Womack

on 30 day of November, 2010

Tracey Peters



TRACEY PETERS
 My Commission Expires
 July 18, 2014
 Greene County
 Commission #10996083

Notary public

My Commission expires:
07.18.2014

DAVID, Lee, Womack, 08497-007(1-4-Cell-9,
 Medical Center For Federal prisoners
 p.o. Box 4000
 Springfield, Mo. 65801-4000,

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | |
|--|-----------------------------------|
| TO: (Name and Title of Staff Member) <u>Business Office</u> | DATE: <u>12-30-2010</u> |
| FROM: <u>WOMACK, DAVID</u> | REGISTER NO.: <u>08497-007</u> |
| WORK ASSIGNMENT: <u>N/A</u> | UNIT: <u>E-10 8 cell</u> |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I'm requesting a copy of my comm. account
for the last 6 months!

Note: The clerk of courts has ask me to send
~~document~~ such Document(s) to the courts. I request
this Document a.s.a.p. for I have a set time
to send such Document(s) to the court(s)!

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



PRINTED ON RECYCLED PAPER

U.S. Department of Justice

Federal Bureau of Prisons

Inmate Personal Property Record—

Institution: MCFP Spg

| | | | | | | | |
|--|-----------------------------|--------------------------------------|---|-------------------------|-------|---|----------------------|
| 1. Name: <u>Womack, David</u> | | 2. Register Number: <u>08497-007</u> | | 3. Unit: <u>504</u> | | 4. Date and Time of Inventory: <u>12-12-10</u> <u>2:30 AM</u> | |
| 5. Purpose of Inventory (check one that applies): Date and Time of Action: _____ | | | | | | 6. Disposition (Disp.): <u>2:30 AM</u> | |
| a. <input type="checkbox"/> Admission b. <input type="checkbox"/> Hospital c. <input type="checkbox"/> Writ d. <input type="checkbox"/> Transfer e. <input checked="" type="checkbox"/> Detention f. <input type="checkbox"/> Release g. <input type="checkbox"/> Incoming package h. <input type="checkbox"/> Other (specify) _____ | | | | | | D - Donated M - Mail S - Storage K - Keep in Possession C - Contraband (Attach BP-Record-102) | |
| 7. Type of Property: | | | | | | | |
| a. Personally Owned Items | | b. Hygiene, etc. | | c. Hobbies/crafts | | d. Food/Tobacco Items | |
| # | Article | Disp. | # | Article | Disp. | # | Article |
| 9 | Batteries AAA | K | | Dental floss | | | Canned tobacco |
| | Belt | | | Dentures | | | Chewing tobacco |
| | Billfold | | | Deodorant | | | Cigarettes |
| | Books, reading hard, soft | | | Hair oil | | | Cigars, snuff |
| | Books, religious hard, soft | | | Noxzema | K | | Coffeemate |
| | Brassiere | | | Powder | | | Cold drink mix, soda |
| | Cap, Hat | | | Razor | | | Fruit |
| | Coat | | | Razor blades | | | Honey, Hi-protein |
| | Coins | | | Shampoo | | | Instant chocolate |
| | Comb | | | Shaving lotion | | | Instant coffee |
| | Combination lock | | | Skin lotion | | | Instant tea |
| | Dress | | | Soap | | | Pipe cleaner/filters |
| | Driver's license | | | Soap dish | K | | Pipes |
| 2 | Earplugs BUDS | K | | Toothbrush | | | |
| 1 | Eyeglass case | K | | Toothpaste | | | |
| 12 | Eyeglasses | K | | | | | |
| | Gloves | | | | | | |
| | Hair brush/pick | | | | | | |
| | Handkerchief | | | | | | |
| | Jacket | | | | | | |
| | Jogging suit | | | | | | |
| 3 | Legal Materials (index) Ks | | | | | | |
| | Letters | | | | | | |
| 4 | Magazines | | | | | | |
| 1 | Mirror | | | | | | |
| | Nail Clippers | | | | | | |
| | Pant/slacks | | | | | | |
| | Pen, ballpoint | | | | | | |
| | Pencils | | | | | | |
| | Personal papers | | | | | | |
| | Photo album | | | | | | |
| | Photos | | | | | | |
| 8. Items Alleged by Inmate to Have Value Over \$100.00 | | | | | | | |
| Description of Property | | | | Value Alleged by Inmate | | | |
| <input checked="" type="checkbox"/> No individual item over \$100.00 | | | | | | | |
| 9. Article(s) Listed as "Mail" (M) Are to be Forwarded to (Name and Address of Consignee): | | | | | | | |
| 10. Claim Release: a. The receiving officer, as soon after receipt of the property as possible, will review the inventory with the inmate to verify its accuracy. Property that is stored, kept in possession of the inmate, mailed out of the institution, or donated is to be marked in the appropriate section of this inventory form. The receiving officer certifies receipt, review and disposition of the property by signing below. The inmate by signing below certifies the accuracy of the inventory, except as noted on the form, relinquishing of all claim to articles listed as donated, receipt of all allowable items, and receipt of a copy of the inventory. When the inmate claims a discrepancy in the inventory, the receiving officer shall attempt to resolve that discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under Comments. | | | | | | | |
| Comments | | | | | | | |
| Printed Name/Signature of Receiving Officer: <u>RITHOWER / RD</u> | | | | | | Date: <u>12-17-10</u> Time: <u>9:10 AM</u> | |
| I have today reviewed the property returned to me. Signature of Inmate: <u>DAVID WOMACK</u> | | | | | | Date: <u>12-12-10</u> Time: _____ | |
| b. Upon release of the inmate from the unit, detention, etc., the releasing officer is to give the inmate that property stored as a result of the inmate's housing. The inmate certifies release of the property, except as noted on this form, and receipt of a copy of the inventory by signing below. When the inmate claims a discrepancy in the inventory, the releasing officer shall attempt to resolve that discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under Comments. | | | | | | | |
| Comments | | | | | | | |
| Printed Name/Signature of Releasing Officer: <u>DAVID WOMACK</u> | | | | | | Date: <u>12-12-10</u> Time: _____ | |
| I have today reviewed the property returned to me. Signature of Inmate: <u>DAVID WOMACK</u> | | | | | | Date: <u>12-12-10</u> Time: _____ | |

Original — Inmate's Central File; CC: Inmate, R & D, Special Housing

USP LVN



PRINTED ON RECYCLED PAPER

BP-383(58)
October 1982

DEPARTMENT OF CORRECTIONS
INMATE INVENTORY SHEET

STATE #:

537775

INMATE'S NAME: Womack

SBI#:

050 1569275

DESTINATION: FROM: NISP

TO:

~~CUT OF STATE~~ 3B

INVENTORY OFFICER:

Kirby
Print Name

#Boxes/Bags

1 Kurby 6/14/10
Signature DATE

TRANSPORTING OFFICER:

Print Name _____

#Boxes/Bags

Signature

DATE _____

PROPERTY SUPERVISOR:

Print Name _____

#Boxes/Bags

Signature

DATE _____

| AUTHORIZED | | #Items | #Items | #Items | AUTHORIZED | | #Items | #Items | #Items |
|-------------------|-------------------|--------|--------|--------|--------------------------------------|---------------|--------|--------|--------|
| Items: | | Auth. | Trans. | Recvd. | Items: | | Auth. | Trans. | Recvd. |
| APPLIANCES: | Ice Chest | 1 | | | TOILET ARTICLES: | Combs | | | |
| | Radio | 1 | | | | After Shave | | | |
| | Walkman | 1 | 1 | | | Creams | | 1 | |
| | Headphones | 2 | 2 | | | Deodorant | | | |
| | Word Processor | 1 | | | | Hair Brush | | | |
| | Television | 1 | 1 | | | Lotion | | | |
| | Beard Trimmer | 1 | | | | Mouth Wash | | | |
| | Fan | 1 | | | | Nail Clippers | | 1 | |
| JEWELRY: | Medals | 1 | | | | Powder | | | |
| | Necklaces | 1 | | | | Razor | | | |
| | Rings | 1 | | | | Shampoo | | | |
| | Watches | 1 | | | | Shaving Cream | | | |
| | | | | | | Shower Shoes | | 1 PR. | |
| | | | | | | Soap | | | |
| | | | | | | Soap Dish | | 1 | |
| | | | | | | Toothbrush | | | |
| | | | | | | Toothpaste | | | |
| | | | | | | Tweezers | | | |
| | | | | | COMMISSARY | | | | |
| | | | | | ARTICLES: | Candy | | | |
| | | | | | | Canned Goods | | | |
| | | | | | | Cigarettes | | | |
| | | | | | | Cigars | | | |
| | | | | | | Cookies | | | |
| | | | | | | Crackers | | | |
| | | | | | | Pipes | | | |
| | | | | | | Soda | | | |
| | | | | | | Tobacco | | | |
| | | | | | MISC. ITEMS: (Please Print) | | | | |
| | | | | | Plastic Containers (Tupperware type) | | | | |
| | | | | | 1 PR GLASSES | | | | |
| | | | | | 10 BATTERIES | | | | |
| | | | | | 1 SEWING KIT | | | | |
| | | | | | 1 ROSARY | | | | |
| | | | | | 1 CHESS SET | | | | |
| | | | | | 2 ACE BANDAGES | | | | |
| | | | | | 1 LAUNDRY BAG | | | | |
| CLOTHING: | Bath Robes | 1 | | | | | | | |
| | Underwear | 12 | 4 | | | | | | |
| | Towels | 5 | | | | | | | |
| | Wash Cloth | 5 | | | | | | | |
| | Handkerchiefs | 5 | | | | | | | |
| | Hats | 2 | | | | | | | |
| | Prayer Rugs | 2 | | | | | | | |
| | Kuffi's | 1 | | | | | | | |
| | Shorts | 2 | 1 | | | | | | |
| | Overcoat | 1 | | | | | | | |
| | Pajamas | 2 | | | | | | | |
| | Pants | 3 | | | | | | | |
| | Shirts | 3 | | | | | | | |
| | Boots | 1 | | | | | | | |
| | Socks | 12 | 1 PR. | | | | | | |
| | Sneakers | 1 | | | | | | | |
| | Thermal Underwear | 1 | 2 SETS | | | | | | |
| | Sweatpants | 2 | | | | | | | |
| Sweatshirts | 2 | | | | | | | | |
| T-Shirts | 12 | 3 | | | | | | | |
| Athletic T-Shirts | 9 | 1 | | | | | | | |

*Not authorized for retention or receipt by inmates at New Jersey State Prison

****Perishable items will not be inventoried or transferred.**

RECEIVING OFFICER:

Print Name, Hamilton

#Boxes/Bags

Signature _____

1/7/10

INMATE:

Print Name Deed A. Neal
(I received the above listed items)

~~#Boxes/Rags~~

Signature _____

Signature _____

1/7/11

PROCESSING SUPERVISOR:

Print Name _____

#Boxes/Bags

Signature

DATE _____

Distribution:

WHITE - Inmate (Sending Inst.); GREEN - Institution; CANARY - Transporting Officer;
PINK - Receiving Institution; GOLDEN ROD - Inmate (Receiving Institution)

USE ADDITIONAL FORM IF NECESSARY

To: Congress Woman Ms. Eleanor Holmes Norton

This is David Lee WoMack. I'm writing this letter to you concerning the letter I sent you previously which had copies enclosed of Federal (Bp-11) grievances I had filed about my being wrongfully transferred to New Jersey state prison. I sent this previous letter to you via Certified Mail and I received a return receipt, verifying your receipt of my letter on 12-6-2011. I have still not heard back from you on my previous letter. Can you please assist me in this matter of getting responses to those Federal (Bp-11) grievances so I can seek judicial relief after I receive the responses. I can't seek judicial relief without those responses. The remedy id numbers for the Federal (Bp-11) grievances are: (1) 605/67 (2) 605/42 (3) 599345 and (4) one grievance about C/o Mr. Eric Lampe which I've misplaced the id # for. Also I'm enclosing legal documentation that proves I've been wrongfully transferred to the state of New Jersey. one. I was wrongfully transferred here originally on 10-24-05. Two I was wrongfully brought back to N.J. on 1-6-11. Three, I was denied a hearing before I was originally brought here. Four, Federal law says my contract can only be for 3 yrs and I was kept here 19 months past that, 3 yrs without any hearing. Five. I filed a lawsuit against N.J. D.O.C. administration for trying to have me killed 18.U.S.C. §5003(a)(C) And, 18.U.S.C. §5003(a)(2)(B-C).

PAGE, 1-OF-2,

out in the reek yard and under the provision of "Modification number one to Intergovernmental agreement [235-4] between the State of New Jersey and Federal Bureau of Prisons" which states: "the State [of New Jersey] agrees to provide Custody, Care and Treatment of B.O.P. in Mates in accordance with same standards outlined in the original agreement. Non, Compliance May lead to Cancellation of this agreement." My Contract to be housed in N.J. is cancelled because of that lawsuit I Filed which proves N.J. aint providing agreed upon Care and Treatment. See enclosed pgs From olim U.S. Wakinekona and [Gomes U.S.] [Travisone]; pg From N.J. A.C. 10A:10-3.16; and pgs about [2GA 235-4] I anxiously await your reply to this letter and My previous letter due to My Concerns For My safety and well being. thank you For you kind and quick attention to these Matters. B.O.P. policy under 18.U.S.C. Section 4002(1976) ed. And snpp. U)

To: Congress Woman
 Ms. Eleanor Holmes Norton
 529 14TH Street N.W. Suite 900
 WASHINGTON, D.C. 20045-1928,

David Lee, Womack
 David Lee, Womack
 #537-775)
 SBI #05-01569275)
 New Jersey state prison
 p.o. Box 861
 Trenton, N.J. 08625-0861

Subscribed and Sworn to before Me
 ON This, 18, day of Jan, 2011

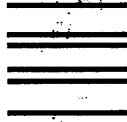
Notary public

CRYSTAL A. RAUPP
 NOTARY PUBLIC OF NEW JERSEY
 Commission Expires 10/25/2011

Commission expires

PAGE, 2-OF-2,

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FEDERAL PRISONERS**
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David Womack
08497-007

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*Eleanor Holmes Norton*Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Washington DC 20045-1928

PS Form 3800, June 2002 See Reverse for Instructions

4272 4958 5000 0977 4002

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <p>1. Article Addressed to:</p> <p><i>Member of Congress</i> <i>Attn: Eleanor Holmes</i> <i>529 14th St. N.W.</i> <i>Suite 900</i> <i>Washington, D.C.</i> <i>20045-1928</i></p> | | <p>A. Received by (Please Print Clearly) <i>1/26/11</i></p> <p>B. Date of Delivery <i>1/26/11</i></p> | |
| <p>2. Article Number (Copy from service label)</p> <p>PS Form 3811, July 1999</p> | | <p>C. Signature <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> | |
| <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>7004 1160 0005 8564 7174</p> <p>102595-00-M-0952</p> | | | |

Certified Mail Provides: *1-4-ccel-9* (see 102595-00-M-0952)

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.

For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.

- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From:

Mr. DAVID L. WOMACK (Bop-08497-007)

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

(SBI-05-1569275)
*537-775
3B-L-cell 44

INSTITUTION

Po. Box 861
Trenton, New Jersey
08625

Part A - REASON FOR APPEAL

to Whom it May Concern: I'm filing this sensitive BP-10 due to my being wrongfully transferred from the (B.O.P.) back to the New Jersey State Prison. I already filed a (BP-11) notifying the (B.O.P.) that I was wrongfully sent here originally which the (B.O.P.) never respond to before it sent me back to N.J. and now the time frame for the (B.O.P.) to respond to the (BP-11) is past. the (BP-11) remedy id numbers I need responses to are: (1) 60514 - (2) 605167, and (3) 59945. I need you to respond to these 3 BP-11's you aint responded to yet; and I need you to accept and respond to this grievance about my being transferred back to N.J. From the (B.O.P.) I'm filing this (BP-10) to the D.C. Office due to my not know in where else I'm supposed to send it because I'm back at the state institution, see attached 7 pgs

(see Attachments #1 - paper (And 18 U.S.C. Section 4002 (1976) ed. and SNPP.V) 18 U.S.C. § 5003(A)(3) 18 U.S.C. § 5003(a)(2)(B-C) I.C.A. 235-4

FREEDOM OF INFORMATION ACT

See Attachments #2, paper

321 First Street, N.W.

David Womack

1-28-2011 Washington, D.C. 20534

SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

Part C - RECEIPT

CASE NUMBER:

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL



PAGE, 2 OF 1

That proves My being sent here is
unlawful. (1 pg olim US. Wakinekon; apgs GOMES
US Travisano My letter to Donna Sweeney;
• N.J.A.C. 10A:10-3.16(b)(C)); and, My Contract).

Trenton State prison

P.O. Box 861

Trenton, New Jersey, 08625,

To whom it May Concern: I'M Filing this
Sensitive (Bp-10, to Washington.D.C.

OFFICE of General Counsel
Freedom of Information Act
321, First Street.N.W.
Washington.D.C. 20534,

(1pg olim US. Wakinekon; 2pgs Gomes
US Traviersono My letter to Donna Sweeney;
N.J. A.C. 10A:10-3.16(b)I(c); and, My Contract)

↖
Trenton State Prison
P.O. Box 861

Trenton, New Jersey, 08625,

B.O.P. policy. under 18.U.S.C. Section

4002(1976)ed and snpp.U) AND, 18.U.S.C. §5003(A)(3),

(IGA 235-4)

18.U.S.C. §5003(A)(2)(B-C)

Mr. David Lee, WOMACK #537-775,

SBI, 05-01569275, 3B-L-Cell-4

New Jersey State prison

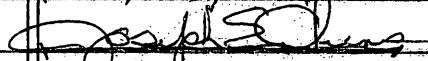
P.O. Box 861

David Lee, WOMACK,

Trenton, NJ, 08625-0861

Subscribed and sworn to Before Me on This

7, Day of Feb, 2011.



Notary public

JOSEPH EDWARD AHRENS
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/1/2015

Commission Expires

MONMOUTH PRISON
P.O. BOX 861
Freehold, New Jersey, 08625

TO: CLERK OF COURT
CLERK, UNITED STATES DISTRICT COURT
402 E. STATE STREET ROOM 2020
TRENTON, N.J. 08608
(LEGAL MAIL)

Legal-Mail

Legal-Mail